

Request for Official Transcript

You can order your Transcript in person, by email, fax or mail.

First Name	Last Name
Student Number j	Date of Birth
Street Address	City, Province, Postal Code
Phone Number	Email address

Type of Service:

Service	Cost	# of Copies
<input type="checkbox"/> Regular (5 business days)	\$5.25 (including GST) per copy	
<input type="checkbox"/> Rush (less than 5 business days)	\$26.25* (including GST) per copy <small>*This fee does not include courier charges. Courier to be arranged by the requestor</small>	

Delivery Method (Choose one):

<input type="checkbox"/> Pick up at JIBC Registration Office - 715 McBride Blvd, New Westminster, BC						
<input type="checkbox"/> JIBC to mail to student via Canada Post as per the address information above						
<input type="checkbox"/> JIBC to mail to the following organization via Canada Post (provide Organization Name and Address below):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Organization Name</td> <td style="width: 50%; border: none;">Address</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Organization Name	Address	_____	_____	_____	_____
Organization Name	Address					
_____	_____					
_____	_____					

Payment Method

<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Credit Card Number	Expiry Date (mm/yy)	CVV	

I hereby authorized the Justice Institute of British Columbia to release educational records as outlined below, in accordance with the JIBC Student Records Policy, and to charge me as outlined above.

_____	_____
Student Signature	Date

For Internal Use Only

Date Transcript Processed:	Transcript Processed by:
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JIBC Registration Office | 715 McBride Blvd, New Westminister, BC V3L 5T4 | cashier@jibc.ca | Fax 604-528-5653